D-41ES Estimated Payment for Fiduciary Income Tax

Instructions:

Government of the District of Columbia

Revised 07/2023

Quarterly payment

(dollars only)

Important: Print in CAPITAL letters using black ink.

- Use the D-41ES Estimated Payment Return to make any estimated tax payments for your D-41 return.
- Enter your payment amount.
- Enter your estate or trust FEIN.
- Enter name(s) and address exactly as they are on your return.
- Make your check or money order (US dollars) payable to the DC Treasurer.

2024 D-41ES Estimated Payment for

Fiduciary Income Tax

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- Write the estate or trust FEIN, tax period ending and D-41 on your payment (check or money order).
- Mail the D-41ES with payment to the Office of Tax and Revenue, PO Box 96150, Washington, DC 20090-6150.

Estate or trust's federal employer ID number					Tax period ending (MMDDYYYY)										١	Vendor ID#0000						
Estate or trust name																						
Fiduciary's name an	d title																			1		
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Fiduciary's address (number, st	reet and	suite/ap	artmen	t numb	er if app	plicat	ble)												ı		
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OFFICIAL USE ONLY

	Tax period ending (MMDDYYYY)	Vendor ID#0000
		Verladi 15 // 0000
Estate or trust name		
Estate of trust harre		
Fiduciary's name and title		
Fiduciary's address (number, street and suite/aparti	nent number if applicable)	
City	State	Zip Code + 4
	V	oucher number: 3 Due date:
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	Tax period ending (MMDDYYYY)	OFFICIAL USE ONLY
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Estate or trust's federal employer ID number Estate or trust name		
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Estate or trust's federal employer ID number Estate or trust name Fiduciary's name and title	Tax period ending (MMDDYYYY)	
Estate or trust's federal employer ID number Estate or trust name Fiduciary's name and title	Tax period ending (MMDDYYYY)	
Estate or trust's federal employer ID number Estate or trust name Fiduciary's name and title	Tax period ending (MMDDYYYY)	
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Estate or trust's federal employer ID number Estate or trust name Fiduciary's name and title Fiduciary's address (number, street and suite/aparti	Tax period ending (MMDDYYYY) ment number if applicable) State	Vendor ID#0000 Zip Code + 4
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